

# First Connections' Application to Provide Early Intervention Services / Open Enrollment -- 2022



*First Connections, Arkansas' Early Intervention Program under IDEA, Part C, partners with parents and other caregivers to promote their capacity to support their child's early learning and development.*

**PAPER APPLICATION**  
**(print form, complete, scan, send as attachment)**

*Available as a fillable form*

**Application Deadline: July 29, 2022**

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*First Connections, Arkansas' Early Intervention Program under IDEA, Part C, partners with parents and other caregivers to promote their capacity to support their child's early learning and development.*



### **Key principles:**

- Parents and family members are a child's first teachers; with supports and resources all families can enhance their child's learning and development.
- Infants and toddlers learn best in their natural environment through everyday experiences and interactions with familiar people in familiar contexts with typically developing peers.
- All children, no matter what their physical, cognitive, or emotional level of development, need meaningful opportunities to develop skills, establish a sense of self, and lay a foundation for life-long learning.
- All children learning together fosters the potential of every child; children with disabilities have the right to play and learn alongside children without disabilities.
- The family and IFSP team collaboratively plans and writes strategies/activities, services, and supports to enhance the child's participation and learning in natural environments and every day activities, using the child's and family's strengths to overcome challenges and to accomplish goals that reflect family priorities for their child's development.
- Active family/caregiver participation in the early intervention process is critical to a child's development with support and training from qualified early intervention service providers.
- Early intervention is designed to meet the needs of infants and toddlers who have a developmental delay or disability while offering supportive services to the family, like parent education/training to help parents understand their child's developmental abilities in order to promote their child's development.

## Open Enrollment:

Federal regulations that govern States' Part C programs require the lead agency to ensure that early intervention services appropriate to meet the functional child outcomes on the IFSP are provided to the family and other caregivers of every eligible infant and toddler in the State.

The Office of Special Education Programs (OSEP) requires States' Part C programs to report annually on the results of early intervention to help eligible infants and toddlers:

- have positive relationships
- acquire and use knowledge and skills
- use appropriate behavior to meet their needs

To ensure that families of children with developmental delay and/or disability have access to appropriate early intervention services, First Connections (Arkansas' Part C Program) under the lead agency of the Department of Human Services, Division of Developmental Disabilities Services is now opening enrollment to all providers in all counties to expand options to families. ***To better serve families and children, First Connections is allowing individuals, organizations, or agencies that meet state licensing/credentialing and program requirements the opportunity to become a First Connections (or "Part C") Provider. Existing First Connections providers also have the opportunity to add any County or Counties in which they desire to provide evaluations/services during this Open Enrollment period.***

Programs applying to become a First Connections Provider agree to:

- ✓ Select **at least 2 counties** on this application. Carry an active caseload of families receiving early intervention (IFSP service or services) **in each county selected** on this application as long as they are a provider for First Connections and receive Part C funding (whether or not the Part C funding is accessed/utilized)
- ✓ Meet First Connections program requirements including use of the program's approved database to document all activities with families, caregivers, and children served
- ✓ Participate in the Child Outcome Summary process as part of the family's IFSP team
- ✓ Attend IFSP meetings and participate in the development, update, and review of the family's Individualized Family Service Plan (IFSP), including Transition Planning
- ✓ Provide early intervention services in the child's home, daycare, or other community location and the activities happening at that location that would be typical for that child/family to meet natural environment requirements under the Individuals with Disabilities Education Act (IDEA) and First Connections' program guidelines. (NOTE: Part C services through First Connections cannot be provided in an EIDT or other non-inclusive or outpatient clinic-based setting; "natural environment" is defined federally as the settings and activities in which the child would participate if he/she did not have a disability).
- ✓ Provide intervention services in such a way that gives parents and other caregivers the skills they need to facilitate the child's early learning when a therapist or teacher is not present in accordance with 34 CFR §303.12(b)(3) so that EI service providers train, coach, or otherwise support adult caregivers in implementing IFSP strategies within their typical interactions with their child (their routine activities) to support their child's early learning and development.

## Becoming a First Connections' Provider:

The process for applying to become a First Connections' provider includes:

### ■ **Pre-Application (Completed on or before close of business 7/22/2022):**

- a. ***Applicant and all staff providing IFSP services or service coordination:*** Complete EI Orientation (Web-based training) in the "Provider Training" section of the First Connections Web page: <https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-eis-provider-training>
- b. Complete EI Orientation online end of course exam with at least 70% accuracy. [Certificate will be e-mailed and must be submitted with this application].
- c. ***Applicant/Provider Program Administrators only:*** completes the online Natural Environment Readiness Self-Assessment course (Web-based training) in the "EIS Provider" section of the First Connections Web page under "How to Become a Service Provider:" <https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-eis-providers>
- d. Complete the Natural Environment Readiness Self-Assessment Checklist and email to [ravyn.hawkins@dhs.arkansas.gov](mailto:ravyn.hawkins@dhs.arkansas.gov) (on or before cob 7/22/22)
- e. Complete Natural Environment Readiness End of Course Assessment with at least 70% accuracy. [Certificate will be e-mailed and must be submitted with this application].

### ■ **Application (pages 6-9) Submitted on or before close of business 7/29/2022):**

1. Electronically submit completed, signed, and dated Open Enrollment Application and all required documentation to [April.Nichols@dhs.arkansas.gov](mailto:April.Nichols@dhs.arkansas.gov); use either the Open Enrollment Provider Application 2022 paper form (scanned and emailed) or use the fillable application form to select at least **two counties** in which to enroll. Submit Open Enrollment Application form with:
  - (a) ***For applicant and any Provider Program Administrator(s) overseeing Part C direct service providers:*** Natural Environment Readiness Self-Assessment Course Certificate(s)
  - (b) ***For applicant AND each staff member who will be providing Part C services:*** Certificate of completed EI Orientation Web training
  - (c) ***For each staff member who will be providing Part C services:*** Certification checklist(s) (pp 10-14) and all required documentation (from the certification checklist or checklists) for each service applicant seeks to provide
2. In order to be reimbursed for early intervention services provided, programs/providers must be enrolled with Medicaid, as applicable, prior to service delivery. First Connections will need the following items to assign a DDS Non Medicaid provider type 86:
  1. EFT form and voided check or bank letter
  2. W9
  3. Secretary of State registration, if using a dba name.
  4. IRS SS4 approval letter, (501C3 if the facility is non-profit)
  5. fiscal year end date (if not provided, it will default to December)
  6. Ownership and Conviction Disclosure form DMS 675
  7. Disclosure of Significant Business Transactions form DMS 689
3. There is an application fee assessed by Medicaid for developmental therapy providers (provider type 78) applying for Medicaid's developmental rehabilitation services (DRS) required in order to bill Medicaid for developmental therapy services.
4. Intervention Specialist (therapists) Applicants serving in the role of ***therapy assistant*** are not required to meet the licensing/certification requirements of their supervising professional but must meet therapy assistant requirements outlined in the First Connections Certification Standards and must submit a copy of their supervision agreement with their completed application.

To print items 6 and 7, visit:  
<https://medicaid.mmis.arkansas.gov/provider/enroll/enroll.aspx>

**Incomplete Open Enrollment Applications or applications lacking all documentation that must accompany the application will not be accepted. For information, call: 501-658-8962 or email: [april.nichols@dhs.arkansas.gov](mailto:april.nichols@dhs.arkansas.gov)**



## The Credentialing Process

The credentialing process begins when a completed application is received. The application will be screened to ensure all necessary components are present. Incomplete applications will not be processed. Applicants submitting an incomplete application will be notified.

Once the application has been processed, the applicant will receive notification of provider status. New providers for First Connections may begin providing IFSP services to families of program-eligible infants and toddlers once they have received written notification.

- (a) **To be fully certified as a Part C Provider**, all new direct service providers (therapists) must complete Core Competencies Training within ninety (90) days from their approval date and upload the certificates of completion into the provider's account in CDS. The notification letter will include the dates/times of the Core Competencies Training. The pre-requisite for the Core Competencies Training is the online EI Orientation online module completed as part of the application process.
- (b) All new direct service providers and service coordinators must complete CDS Training (use of the data system) within thirty (30) days of written notification of provider approved status. CDS Training may be completed by attending a scheduled CDS training workshop or the provider may be trained by another provider who has completed CDS Train the Trainer training (and the trainer on site creates a certificate to include date and hours completed). Certificate is loaded into the provider's account in CDS.

## The Renewal Process

New providers who joined during Open Enrollment receive a provisional certification. At the end of the provisional certification, new providers who meet program guidelines will be issued a standard certification. Renewal of standard certification is required every three years from date of approval.

Providers cannot provide First Connections certification courses as part of staff training for their own program or for another Part C provider/program other than data system training when they have an employee on site who has completed the Data System Train the Trainer Workshop. **Provider program administration cannot certify their own program and/or staff members.** Providers maintain their credentials (including uploading certificates/documentation annually of ongoing professional development hours) in their provider profile in CDS (the approved data system).

Each Provider Program will be assigned a monitor who will perform random reviews/audits of certification credentials in the data system to ensure program/provider compliance with maintaining records. Provider program administration must notify Carol Parker at [Carol.L.Parker@dhs.arkansas.gov](mailto:Carol.L.Parker@dhs.arkansas.gov) of any changes or additions to services, staff, or counties served.

A portion of all annual ongoing professional development hours for all staff providing services on an IFSP must be relevant to early intervention in a Part C Program serving infants, toddlers, and their families (see Certification Standards or contact the Training Unit for information, if needed).



# First Connections Provider Application Paper Form

Certification is for an: ☐ Individual or an ☐ Organization (or Provider Program)

Name of Provider Program, Agency, or Organization: \_\_\_\_\_

Program Director's/Administrator's Name: \_\_\_\_\_

*(Note: each direct service provider at the provider program/agency must be certified to provide First Connections services)*

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*street address*

*city*

*zip code*

Individuals applying to provide early intervention must meet state licensing/credentialing requirements in addition to First Connections certification requirements.

## **Intervention Specialist Applicants:**

Applicant seeks to provide the following Part C (Early Intervention) direct service (or services) for First Connections:

### ☐ **Developmental Therapy/Special Instruction**

State license or certification (see certification checklist) attached reflecting the credentials required to work in the field selected? ☐ Yes ☐ No Applicant's Medicaid Provider Number: \_\_\_\_\_

### ☐ **Occupational Therapy**

### ☐ **Physical Therapy**

### ☐ **Speech Therapy**

State license attached reflecting the credentials required to work in the field selected. ☐ Yes ☐ No

Applicant's Medicaid Provider Number: \_\_\_\_\_

### ☐ **Therapy Assistant\*:** (enter discipline: OTA, PTA, etc.) \_\_\_\_\_

\* **therapy assistant (only)** – is a copy of the supervision agreement attached? ☐ Yes ☐ No

## **Family Support Specialist Applicants:**

Individual is seeking to provide the following Part C (early intervention) service or services for First Connections:

### ☐ **Service Coordination** in \_\_\_\_\_ *county/counties*

Applicant holds a ☐ Bachelors or ☐ Masters Degree received in:

☐ Early Intervention

☐ Child Development

☐ Special Education

☐ Child/Family Studies

☐ Social Work

☐ "Related field:" \_\_\_\_\_

Transcript attached that reflects the degree listed above? ☐ Yes ☐ No

Applicant has completed 40 hours of SC Certification training and attached certificates? ☐ Yes ☐ No

State credentials or license attached for the field or fields selected? ☐ Yes ☐ No

Assurance Letter Attached? ☐ Yes ☐ No Applicant's Medicaid Provider Number: \_\_\_\_\_

**All applicants – all four pages of this application (pages 6-9) form must be completed and submitted to be considered – go to next page of this application form:**

## **Open Enrollment Provider Application -- Select Services and Counties:**

**NOTE:** Applicant must agree to provide one (or more) early intervention services in at least two counties to become a First Connections Provider during Open Enrollment:

### **(1) STEP ONE: Service Selection:**

Select the service or services that the Provider Program (applicant) is applying to provide.

NOTE: Any service or services selected must be provided to caregivers of eligible infants/toddlers in the child's natural environment (home, childcare program, or community locations) in **at least two counties selected** by the applicant. **NOTE: Part C services through First Connections cannot be provided in an EIDT center or other non-inclusive or clinical setting.**

## **First Connections EI Services and Other Federally-Defined Part C Program Services:**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Adaptive Equipment            | <input type="checkbox"/> Service Coordination Services     | <input type="checkbox"/> Physical Therapy Evaluation of body including hands |
| <input type="checkbox"/> CONS – General Services       | <input type="checkbox"/> FSSV – Nursing/Attendant Care     | <input type="checkbox"/> Physical Therapy (Individual)                       |
| <input type="checkbox"/> CONS – Psychological Services | <input type="checkbox"/> FSSV – Parent Education           | <input type="checkbox"/> Physical Therapy Assistant (Individual)             |
| <input type="checkbox"/> CONS – Audiological Services  | <input type="checkbox"/> FSSV – Health Services            | <input type="checkbox"/> Speech Therapy Evaluation                           |
| <input type="checkbox"/> CONS – Vision Services        | <input type="checkbox"/> FSSV – Medical Services           | <input type="checkbox"/> Speech Therapy (Individual)                         |
| <input type="checkbox"/> CONS – Nutrition Services     | <input type="checkbox"/> FSSV – Specialized Evaluation     | <input type="checkbox"/> Speech Therapy (Group)                              |
| <input type="checkbox"/> CONS – Social Work Services   | <input type="checkbox"/> Occupational Evaluation           | <input type="checkbox"/> Speech Pathology Assistant (Individual)             |
| <input type="checkbox"/> Developmental Therapy         | <input type="checkbox"/> Occupational Therapy (Group)      | <input type="checkbox"/> Speech Pathology Assistant (Group)                  |
| <input type="checkbox"/> Developmental Evaluation      | <input type="checkbox"/> Occupational Therapy (Individual) | <input type="checkbox"/> Transportation                                      |



## (2) STEP TWO: Counties Selection:

Select **at least two (2) counties** in which the Provider Program (applicant) will provide the selected service or services to caregivers of eligible infants/toddlers in the child's natural environment (home, childcare program, or community locations). **NOTE: Part C services through First Connections cannot be provided in an EIDT center or other non-inclusive or clinical setting.**

NOTE: An applicant may elect to provide different services in different counties. For example: PT in Ashley county and SLP in Bradley county, but not PT and SLP in both Ashley and Bradley counties. In these cases, the applicant must complete a separate service (page 8) and county (page 9) selection for each.

**Enter the Location Code for the service settings in which your provider will provide early intervention services selected in step one in each county in which the applicant is applying to become a provider.**

**NOTE: A minimum of 2 counties must be selected.**

**NOTE: Location Codes have changed.**

**Locations for early intervention service provision may include:**

- 01** – In the child's or other family member's residence
- 02** – In a regular childcare setting (where child would be if he/she did not have a disability and/or more than 50% of peers are typically developing)
- 03** – In "other community location" that the family frequents, and the family selected (park, library, grocery store, church, mall, etc.)

Check Location Code(s) 01, 02, 03 for service settings in at least 2 counties where the Provider Program/Applicant will provide early intervention services. Applicant must select one code but may select all three codes in any county applying to serve

|   |   |   |   |  |  |  |
|---|---|---|---|--|--|--|
| 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Arkansas</b> | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Cleburne</b>   | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Faulkner</b>     | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Jackson</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Marion</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Poinsett</b>  | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Sharp</b>       |
| 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Ashley</b>   | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Cleveland</b>  | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Franklin</b>     | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Jefferson</b>    | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Miller</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Polk</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>St. Francis</b> |
| 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Baxter</b>   | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Columbia</b>   | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Fulton</b>       | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Johnson</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Mississippi</b> | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Pope</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Stone</b>       |
| 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Benton</b>   | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Conway</b>     | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Garland</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Lafayette</b>    | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Monroe</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Prairie</b>   | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Union</b>       |
| 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Boone</b>    | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Craighead</b>  | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Grant</b>        | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Lawrence</b>     | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Montgomery</b>  | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Pulaski</b>   | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Van Buren</b>   |
| 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Bradley</b>  | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Crawford</b>   | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Greene</b>       | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Lee</b>          | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Nevada</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Randolph</b>  | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Washington</b>  |
| 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Calhoun</b>  | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Crittenden</b> | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Hempstead</b>    | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Lincoln</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Newton</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Saline</b>    | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>White</b>       |
| 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Carroll</b>  | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Cross</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Hot Spring</b>   | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Little River</b> | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Ouachita</b>    | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Scott</b>     | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Woodruff</b>    |
| 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Chicot</b>   | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Dallas</b>     | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Howard</b>       | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Logan</b>        | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Perry</b>       | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Searcy</b>    | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Yell</b>        |
| 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Clark</b>    | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Desha</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Independence</b> | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Lonoke</b>       | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Phillips</b>    | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Sebastian</b> |  |
| 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Clay</b>     | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Drew</b>       | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Izard</b>        | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Madison</b>      | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Pike</b>        | 01 02 03<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Sevier</b>    |  |

## **Assurances:**

Applicant/Provider Program Administrator(s) has completed the online Natural Environment Readiness Self-Assessment course and post-assessment and applicant has attached the certificate of completion to this application? ☐Yes ☐No

Applicant/Provider Program Administrator(s) and all provider program staff who will provide early intervention/Part C services has completed the (DDS) First Connections' **EI Orientation** (online course) and post-test and applicant has attached the certificate(s) of completion to this application? ☐Yes ☐No

To participate in First Connections' Open Enrollment, I agree to carry an active caseload of families receiving early intervention (Part C service(s)) in **at least two counties** as long as I am a provider for First Connections and receive Part C funding (whether or not I access/utilize that funding): ☐Yes ☐No

By signing and dating this application, I agree to provide early intervention in the child's natural environment (settings and activities in which the child would participate if he/she did not have a disability) in accordance with the Individuals with Disabilities Education Act (IDEA) Part C, First Connections' program guidelines, and best practices for early intervention: ☐Yes ☐No

By signing and dating this application, I agree to provide intervention services in accordance with the First Connections Parent Participation Agreement so that parents and other caregivers are trained, coached, or otherwise supported in implementing IFSP strategies within their typical interactions with their child (their routine activities) to support their child's early learning and development: ☐Yes ☐No

By signing and dating this application, I agree to use the First Connections' approved database (CDS) to document all activities with families, caregivers, and children served: ☐Yes ☐No

By signing this application, I agree to ensure designated providers attend IFSP meetings and participate in the development, update, and review of the family's Individualized Family Service Plan (IFSP), including Transition Planning, Transition Conference, and steps for the child and family to exit Part C: ☐Yes ☐No

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*Signature of Applicant (Provider Program Administrator)*

---

*Date*

First Connections’ Certification Checklists

|                                     |    |
|-------------------------------------|----|
| SERVICE COORDINATOR                 | 10 |
| DT/DTA                              | 11 |
| OT/OTA, PT/PTA, ST/STA              | 12 |
| OTHER FEDERALLY DEFINED EI SERVICES | 13 |



## PROVISIONAL CERTIFICATION CHECKLIST: SERVICE COORDINATION

- ☐ (DDS) First Connections' EI Orientation training certificate (online course)
- ☐ Adult Maltreatment Central Registry Check
- ☐ AR Child Maltreatment Central Registry Check
- ☐ Criminal Background Checks
  
- ☐ Bachelor's degree (or higher) in Education, Social Work, Early Intervention, or related field  
OR DDS Certification as a Case Manager
  - ☐ If working as a DDS Certified Case Manager, include signed Code of Ethics Agreement
  
- ☐ Documentation 2 years previous experience working with individuals with developmental disabilities
  
- ☐ Documentation of completion of 40 hours of First Connections Service Coordination Certification courses [required for non-provisional certification]  
OR, progress toward completion of the 40 hours – a provisional certificate may be issued upon completion of the following courses:
  - ☐ Procedural Safeguards (online course)
  - ☐ Intake & Intro to Family Assessment (workshop course)
  - ☐ Child and Family Outcomes (workshop course)
  - ☐ Training on use of CDS (data system)

## PROVISIONAL CERTIFICATION CHECKLIST: DEVELOPMENTAL THERAPIST

- ☐ (DDS) First Connections EI Orientation training (online course) certificate of completion
- ☐ Adult Maltreatment Central Registry Check
- ☐ AR Child Maltreatment Central Registry Check
- ☐ Criminal Background Checks
- ☐ Medicaid Provider number (provider type 78)
  
- ☐ Current certification by AR Dept. of Education in Early Childhood Education as an Age 3-4 Endorsement, an Early Childhood / Special Education Integrated Birth – Kindergarten, a Special Education Instructional Specialist (P-4), a Special Education Early Childhood Instructional Specialist (P-4)

OR:

Currently working toward completion of Alternate

Learning Plan (ALP) approved by organization/entity working for and submitted to DDS

- ☐ If working under ALP, documentation of completed coursework annually

OR:

Completed DDS-approved Developmental Therapist coursework at Henderson State University or other accredited institute of higher education

- ☐ documentation of completed coursework/degree

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## PROVISIONAL CERTIFICATION CHECKLIST: DEVELOPMENTAL THERAPY ASSISTANT

- ☐ (DDS) First Connections EI Orientation training (online course) certificate of completion
- ☐ Adult Maltreatment Central Registry Check
- ☐ AR Child Maltreatment Central Registry Check
- ☐ Criminal Background Checks
  
- ☐ Supervision Agreement signed by a DDS-certified Developmental Therapist
- ☐ Copy of Supervisor's certificate in EC Special ED or ALP

**NOTE: DT and DTA enrolling to provide Part C services during Open Enrollment receive a one-year provisional certification. Regular certification at the end of the one-year provisional certification requires completion of First Connections Core Competencies Training and training in the use of the CDS Data System. Required training is documented by uploading the FC certificates of completion in the CDS (approved data system) provider profile.**

## **PROVISIONAL CERTIFICATION CHECKLIST: OCCUPATIONAL THERAPIST**

1. ☐ (DDS) First Connections EI Orientation training (online course) certificate of completion
2. ☐ Adult Maltreatment Central Registry Check
3. ☐ AR Child Maltreatment Central Registry Check
4. ☐ Criminal Background Checks
5. ☐ Current license in Occupational Therapy by AR State Medical Board
6. ☐ Medicaid Provider number

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## **PROVISIONAL CERTIFICATION CHECKLIST: OCCUPATIONAL THERAPY ASSISTANT**

Items 1-4 (above) for Occupational Therapist plus:

- ☐ Current license as an Occupational Therapy Assistant by the AR Board of Medicine
- ☐ Copy of the supervision agreement

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## **PROVISIONAL CERTIFICATION CHECKLIST: PHYSICAL THERAPIST**

1. ☐ (DDS) First Connections EI Orientation training (online course) certificate of completion
2. ☐ Adult Maltreatment Central Registry Check
3. ☐ AR Child Maltreatment Central Registry Check
4. ☐ Criminal Background Checks
5. ☐ Current license as a Physical Therapist by Board of Physical Therapy Examiners
6. ☐ Medicaid Provider number

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## **PROVISIONAL CERTIFICATION CHECKLIST: PHYSICAL THERAPY ASSISTANT**

Items 1-4 (above) for Physical Therapist plus:

- ☐ Current license as a Physical Therapist Assistant by the AR Board of Medicine
- ☐ Copy of the supervision agreement

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## **PROVISIONAL CERTIFICATION CHECKLIST: SPEECH THERAPIST**

1. ☐ First Connections EI Orientation training certificate of completion
2. ☐ Adult Maltreatment Central Registry Check
3. ☐ AR Child Maltreatment Central Registry Check
4. ☐ Criminal Background Checks
5. ☐ Current license in Speech Therapy by AR Board of Audiology and Speech Language Pathology
6. ☐ Medicaid Provider number

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## **PROVISIONAL CERTIFICATION CHECKLIST: SPEECH THERAPY ASSISTANT**

Items 1-4 (above) for Speech Therapist plus:

- ☐ Current certification as a Speech Therapy Assistant
- ☐ Copy of the supervision agreement

**NOTE:** OT, PT, SLP and all therapy assistants enrolling to provide Part C services during Open Enrollment receive a one-year provisional certification. Regular certification at the end of the one-year provisional certification requires completion of First Connections Core Competencies Training and training in the use of the CDS data system. Required training is documented by uploading the FC certificates of completion in the CDS (approved data system) provider profile.



**ASSISTIVE TECHNOLOGY/ADAPTIVE EQUIPMENT**

- ☐ Proof of status as a Durable Medical Equipment provider with Arkansas Medicaid Program
- ☐ Proof of registration with the Office of AR Secretary of State to do business in Arkansas
- ☐ Letter of Assurance
- ☐ Medicaid Provider number

**ALL OTHERS (CONS AND FSSV):**

- ☐ First Connections EI Orientation training certificate of completion
- ☐ Adult Maltreatment Central Registry Check
- ☐ AR Child Maltreatment Central Registry Check
- ☐ Criminal Background Checks
- ☐ Medicaid Provider number

**CONS/CONSULTATION SERVICES:****VISION**

- ☐ Current license from AR Board of Optometry or AR Board of Ophthalmology or be certified as an Orientation Mobility Specialist
- ☐ Letter of Assurance
- ☐ Medicaid Provider number

**PSYCHOLOGY**

- ☐ Current license as a Psychologist or Psychological Examiner by AR Board of Examiners in Psychology
- ☐ Letter of Assurance
- ☐ Medicaid Provider number

**SOCIAL WORK**

- ☐ Current license from AR Board of Social Work
- ☐ Letter of Assurance
- ☐ Medicaid Provider number

**NUTRITION**

- ☐ Current registration as a Registered Dietician by the American Dietetic Association, or Current provisional registration by the American Dietetic Association, or Current Physician's license by AR Board of Medicine
- ☐ Letter of Assurance
- ☐ Medicaid Provider number

**AUDIOLOGY**

- ☐ Current license by AR Speech, Hearing and Language Association
- ☐ Letter of Assurance
- ☐ Medicaid Provider number

**FSSV/FAMILY SUPPORTS:****ATTENDANT/NURSING**

- ☐ Current nursing license by AR Board of Nursing
- ☐ Letter of Assurance
- ☐ Medicaid Provider number

**HEALTH CARE SERVICES**

- ☐ Letter of Assurance
- ☐ Medicaid Provider number

**PARENT TRAINING/EDUCATION**

- ☐ Letter of Assurance
- ☐ Medicaid Provider number